

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001980

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 13

## 1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN WarrensburgLength of stay in 7b  
2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Johnson

c. CITY OR TOWN Holden

Inside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Warrensburg HospitalInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
Holden, MissouriReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Deborah

Ann

Weeks

## 4. DATE OF DEATH

Month

Day

Year

January 19, 1961

## 5. SEX

female

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/28/1950

## 9. AGE (last birthday)

10

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

student

10b. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (City and state or country)

Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charles A. Weeks

## 13b. MOTHER'S MAIDEN NAME

Martha E. Garrison

## 14. NAME OF HUSBAND OR WIFE

none

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no xxxxx

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

Address

Charles Weeks, Holden, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

Hydrocephalus  
Congenital black neck obstructionINTERVAL BETWEEN  
ONSET AND DEATHyears  
yearsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-1-57 to 1-19-61 and last saw her alive on 1-19-61  
Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
burial

## 23b. DATE

1/21/1961

## 23c. NAME OF CEMETERY OR CREMATORY

Holden Cemetery

## 23d. LOCATION (City, town, or county)

Holden, Missouri

## 24. FUNERAL DIRECTOR

## ADDRESS

Canaday &amp; Ropp, Holden, Mo.

## 25. DATE RECD. BY LOCAL REG.

Jan. 23, 1961

## 26. REGISTRAR'S SIGNATURE

Savannah Cuthfield

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed



Licensed Embalmer No. 3434

P. O. Address Holden, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.